

SENATE BILL REPORT

SSB 5152

As Amended by House, April 5, 2017

Title: An act relating to pediatric transitional care services.

Brief Description: Concerning pediatric transitional care services.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Fain, Keiser, Rivers, Becker, Palumbo and Kuderer).

Brief History:

Committee Activity: Health Care: 1/24/17, 2/09/17 [DPS].

Floor Activity:

Passed Senate: 2/23/17, 49-0.

Passed House: 4/05/17, 97-0.

Brief Summary of First Substitute Bill

- Requires the Department of Health (DOH) to regulate establishments providing Pediatric Transitional Care Services to provide services for drug-exposed infants who require continuous residential care and skilled nursing services.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: That Substitute Senate Bill No. 5152 be substituted therefor, and the substitute bill do pass.

Signed by Senators Rivers, Chair; Becker, Vice Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Bailey, Baumgartner, Conway, Fain, Keiser, Miloscia, Mullet, O'Ban and Walsh.

Staff: Kathleen Buchli (786-7488)

Background: Neonatal abstinence syndrome (NAS) may occur in an infant when a pregnant woman uses addictive illegal or prescription drugs such as heroin, codeine, oxycodone, hydrocodone, methadone, or buprenorphine. Antidepressants and benzodiazepines also can result in a diagnosis of NAS. In utero exposure to these drugs can cause an infant to be dependent on the drug at birth, resulting in withdrawal symptoms which may include sleep

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problems, breathing problems, excessive crying, tremors, seizures, poor feeding, and hyperactive reflexes. These drug-exposed infants benefit from specialized transitional care which may include the following:

- administration of intravenous fluids and drugs such as methadone or morphine;
- personalized, hands on care such as gentle rocking and swaddling in low stimulus environments; and
- frequent high-calorie feedings.

The Pediatric Interim Care Center (PICC) is a group foster care facility currently licensed through Children's Administration's Division of Licensed Resources. In addition to meeting group care licensing requirements, PICC is inspected by the DOH which inspects the facility under the licensing requirements for child foster homes, staffed residential homes, group residential facilities and child-placing agencies. PICC is not a medically licensed facility but does contract with the Department of Social and Health Services (DSHS) to serve up to 13 drug-exposed infants exhibiting signs of withdrawal from alcohol and other drugs. PICC's program goals are to stabilize the level of functioning for substance-exposed infants and assist the infant's family in acquiring the skills and supports to develop a permanent family connection while DSHS maintains primary case management responsibility.

Summary of First Substitute Bill: Establishments providing Pediatric Transitional Care Services (establishments) are regulated by the DOH. These establishments provide temporary health and comfort services for children who are less than one year of age, have been exposed to drugs before birth, and require 24-hour continuous residential care and skilled nursing services. DOH must, in coordination with DSHS, adopt rules:

- establishing requirements for medical examinations and consultations, which must be delivered by the appropriate health care professional;
- including staffing ratios that take into consideration the number of nurses and trained caregivers that are on the premises. Rules may not require fewer than one nurse to eight infants and fewer than one trained caregiver to four infants;
- requiring weekly plans specific to each infant and in accordance with the health care professional's standing order;
- to ensure neonatal abstinence syndrome scoring is conducted by the appropriate health care professional;
- to establish drug-exposed infant developmental screening tests;
- to establish the maximum amount of days an infant may remain in the establishment; and
- to establish on-site training requirements and background check requirements for caregivers, employees, and others with unsupervised access to infants.

Infants are referred to establishments by the DSHS which retains primary responsibility for case management and provides consultation to the establishment on planning issues, such as developing a parent-child visitation plan. DSHS, DOH, and the establishments must collaborate to develop evidence-based practices that address best medical practices and parent participation. DSHS must also work with the establishments to ensure proper billing of Medicaid-eligible services.

Current establishments are not subject to construction review by DOH for initial licensure.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: PICC is an extraordinary facility for children who have been exposed to drugs. They are not medically-fragile but require 24 hour care. PICC is currently in operation in Kent and should be used as a model for the state; PICC gives the babies a home and we need to find a suitable home for PICC. This is the first program of its kind in the United States and has cared for over 3,000 babies since it began. Most babies cared for by PICC today have heroin in their systems but also have other drug exposure as well. These babies benefit from a low-stimulus environment and being in PICC is better for them than being in a hospital where the environment is not low-stimulus. The specialized handling benefits the babies who stay in the facility for between 30 to 60 days. PICC saves Medicaid dollars for the state because they are not staying in a more expensive hospital setting.

OTHER: The work of PICC is unique and they have worked with the biological families of the babies they care for. There is no need for a specific requirement of nurses to patients; requiring ratios of personnel could result in an inability to fund the extra personnel and adverse outcomes to the facility.

Persons Testifying: PRO: Senator Joe Fain, Prime Sponsor; Jean Leonard, Pediatric Interim Care Center; Barb Drennen, Executive Director Pediatric Interim Care Center; Kelly DenHeyer, Director of Nursing Pediatric Interim Care Center.

OTHER: Michael Pugsley, Ashley House.

Persons Signed In To Testify But Not Testifying: No one.

EFFECT OF HOUSE AMENDMENT(S):

- Provides that the timelines developed for parent-infant visits must be developed for ongoing visits in order to nurture and help develop attachment and bonding between the child and the parent, if such visits are possible.